

Maternal and Child Health (MCH) Report to the Legislature

FEBRUARY 2022



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Report Overview

The Rhode Island Department of Health's (RIDOH) Maternal Child Health (MCH) Program is providing this comprehensive annual report for 2020-2021 that identifies the strengths and challenges of Rhode Island's public health system and the most appropriate programs and policies to promote the health of pregnant or child-bearing-aged individuals, infants, children (including children with special healthcare needs), adolescents, and their families.

The MCH annual report continues to be guided by RIDOH's strategic framework and a racial equity framework in collaboration with the following key stakeholders: Health Equity Zones (HEZ), KIDSNET, RIDOH's Center for Health Data Analysis (CHDA), RIDOH's Adolescent School and Reproductive Health Programs, SISTA FIRE, and Rhode Island Parent Information Network (RIPIN).

In 2019-20, RIDOH completed an extensive MCH needs assessment that incorporated feedback from a wide array of stakeholders, including community organizations, clinical providers, advocates, and families. Information was gathered from more than 1,000 individuals via surveys, facilitated discussions, large community meetings, and listening sessions. The resulting data were used to develop the following MCH priorities for 2020-2025:

MCH Domain	MCH Selected Priority
Preconception, pregnancy, and postpartum (also referred to as maternal health)	<ul style="list-style-type: none">• Improve prenatal health by reducing perinatal health disparities• Reduce maternal morbidity and mortality
Perinatal and infant health	Strengthen caregiver's behavioral health and relationship with child
Child health	Support school readiness
Adolescent health	Support adolescent mental and behavioral health
Children with special healthcare needs	Ensure effective care coordination for children and youth with special healthcare needs
Cross-cutting initiatives	Adopt social determinants of health in MCH planning and practice to improve health equity

RIDOH's Maternal Child Health Program Overview

MCH Framework

MCH recognizes that achieving health equity requires action, leadership, inclusion, cross-sectoral collaboration, and shared responsibility throughout RIDOH and in communities across the state. The MCH Program ensures that its work is coordinated by collaborating with, and supporting, a broad range of partners, including other State agencies, Medicaid, public and private insurers, family organizations, healthcare systems, clinical providers, community-based organizations, and other RIDOH programs. This work spans a variety of direct, enabling, and systems-level interventions.

In response to Rhode Island's disparities, and in an effort to achieve health equity, RIDOH has invested in Health Equity Zones (HEZ). Established in 2014, Rhode Island's HEZ initiative braids funds from several sources, including the State's Title V program. In the six years of the program, 10 HEZs across the state have been able to form strong collaboratives, define their unique needs, and implement innovative solutions. In 2019, three additional communities were selected to become a HEZ after a competitive selection process. In early 2020, two additional communities were added through COVID CARES funding as HEZ has demonstrated the ready-made infrastructure to support community-led investment to meet Rhode Island's communities hardest hit by COVID-19. With the assistance of MCH, HEZ embodies four key components to successful and sustainable implementation, including health equity-centered approach to prevention work that leverages place-based, community-led solutions to address the social determinants of health (SDH).

- a. Health equity-centered means that measuring and responding to population health disparities is the primary organizing principle to prevention.
- b. Place-based indicates that an equitable prevention approach should focus on providing resources to specific geographic areas, rather than funding all places equally. Any successful prevention effort must confront environmental factors that contribute to health inequities.
- c. Community-led signifies that the state department of health must share power with the community in a meaningful way and allow them to choose projects based on their own needs and priorities.
- d. The SDH are the primary root causes of health inequities, besides the surrounding physical environment. SDH include factors like access to education, quality job opportunities, safe housing, political participation, and healthy food.

Rhode Island's HEZs are having a transformational impact on both the ability of the State's Title V program to align its goals with community-led initiatives and to improve the lives of the MCH population in the most disparate communities.

RIDOH Strategic Framework

RIDOH's three leading priorities are to:

1. Address the socioeconomic and environmental determinants of health;
2. Eliminate disparities and promote health equity; and
3. Ensure access to quality healthcare for all, including the State's vulnerable populations.

These priorities are the foundation that guide all RIDOH work, with the goal of improving the health and well-being of all Rhode Islanders. Health equity means everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences. Consequences of health obstacles include powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and unequal healthcare.

Through an extensive community engagement process, the Community Health Assessment Group (CHAG) developed a core set of 15 indicators in five domains that affect health equity: integrated healthcare, community resiliency, physical environment, socioeconomics, and community trauma. It is important to understand these indicators because of their effect on community residents. Inequitable health dynamics within a community may mean shorter life spans, higher rates of illness,

and a decreased ability to complete daily activities. Please reference the following website for up-to-date information and statistics on health equity indicators: <https://health.ri.gov/data/healthequity/>.

Racial Equity Framework

Sparked by the national social justice movement and accelerated by Rhode Island's disparate number of COVID-19 infections in certain racial and ethnic populations, the State continues to strive for racial equity. We define the State's racial equity charge as the just and fair inclusion of all people, regardless of race or ethnicity, into a society where they can participate, prosper, and reach their full potential. This requires eliminating unjust policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race. Racial equity is best achieved through use of a social justice lens that combines an understanding of past and present social injustices and how these inequities have led to poor outcomes for communities of color.

In racial and ethnic populations, disparities exist for several maternal and infant health outcomes in Rhode Island. Minority women are more likely than White women to receive delayed or no prenatal care and have preterm births. In 2019, major racial disparities continued to be seen in preterm births between Black women (152.4 per 10,000 delivery hospitalizations) than White women (81.5 per 10,000) in 2016-2020. Hispanic, Native American, and Black youth have a higher teen pregnancy rate than White and Asian youth. Black and Hispanic children in Rhode Island are more likely to be hospitalized because of asthma than White children. Racial and ethnic differences in asthma are connected to issues such as poverty, exposure to indoor and outdoor air pollution, stress, and access to healthcare.

Family-Centered Services

A long-standing tenet of RIDOH's MCH Program is the representation and engagement of family, youth, children, and children and youth with special healthcare needs (CYSHCN), and consumers at all levels of planning through implementation. RIDOH has partnered with the local chapter of Family Voices at the Rhode Island Parent Information Network (RIPIN) to engage, train, and employ families of CYSHCN within the Rhode Island system of care. Family liaisons who are hired, trained, and certified as community health workers (CHWs) are supported in RIDOH's CYSHCN, WIC, Newborn Screening, Birth Defects, Family Planning, Immunization, and Family Visiting Programs. RIDOH also convenes an active Youth Advisory Council that meets monthly, engages in policy development, and assists in the implementation of RIDOH programs. MCH strategic planning regularly includes families who have received services.

Partnerships

RIDOH is the sole public health entity in Rhode Island—there are no local health departments. As such, RIDOH relies heavily on partnerships to advance its work throughout the community. These partnerships include advocacy groups, colleges and universities, community-based organizations, federally qualified health centers, health insurers, Medicaid, professional organizations (Rhode Island Chapter of the American Academy of Pediatrics, Rhode Island Chapter of the American College of Obstetricians and Gynecologists, etc.), committees and coalitions, and other State agencies. During 2020-2021, RIDOH MCH staff convened or participated in more than 70 committees or advisory boards.

Title V Funds Supporting State MCH Efforts

The 2020 Title V investment of \$1,636,137 was a small part of RIDOH's overall MCH budget of \$103,248,090. Title V dollars are used to support and enhance MCH programs across RIDOH and the system by supporting key staff, contracts, and projects in MCH priority areas. While Title V funds rarely fund direct services in Rhode Island, they are used to improve systems by working with, and leveraging, other programs and assets that improve maternal and child health outcomes throughout the state. The Title V program ensures program coordination and collaboration internally and externally. The flexibility of Title V funds is critical as it allows RIDOH to fill gaps where reductions in other funding threaten MCH systems and services or to enhance work that is already being done.

Roles, Priorities, and Interests of MCH

RIDOH Role and Structure

RIDOH is the State agency responsible for addressing the MCH needs throughout the state. Section 23-13 of the Rhode Island General Laws gives RIDOH broad authority for administering and overseeing Title V MCH services. RIDOH is located within the state's Executive Office of Health and Human Services (EOHHS), a cabinet agency that reports directly to the Governor.

Interagency Initiatives

It is the responsibility of Rhode Island's Title V Program to assure that MCH initiatives, within RIDOH and throughout the state, work together to ensure a continuous system of care for mothers, children, CYSHCN, and families that is coordinated, comprehensive, and community based. Various RIDOH programs take the lead on different MCH strategies; however, all of RIDOH's programs work together to ensure a statewide system of services. This complex work is pursued utilizing a variety of strategies that engages other State agencies, policy makers, community-based agencies, clinical and social service providers, and target populations.

Children's Cabinet

The Governor's Children's Cabinet is authorized to engage in interagency agreements and appropriate data sharing to improve services and outcomes for children and youth. It's general goals are to improve the health, education, and well-being of all children and youth; increase the efficacy, efficiency, and coordination of service delivery; and improve data-driven, evidence-based decision-making through strengthened data-sharing capacities among agencies and research partners, while adequately protecting the privacy rights of children.

Early Intervention Interagency Coordination Council (ICC)

ICC is composed of representatives from organizations that serve the early childhood population and parents of children who are currently or formerly enrolled in Early Intervention. The ICC is an advisory council that assists EOHHS with program implementation. ICC is a venue for information sharing and encourages programs to work together on initiatives that are being implemented across the state. The ICC also acts as a sounding board for families and providers to discuss challenges and successes in their Early Intervention experiences.

Task Force to Support Pregnant and Parenting Families with Substance-Exposed Newborns (SEN)

The SEN Task Force is composed of medical professionals, substance-use treatment providers, peer recovery coaches, early intervention/family visiting professionals, educators and representatives from key health-related Cabinet agencies. Its aim is to work through interagency collaboration to reduce the number of substance exposed newborns and provide adequate support for affected families and children. This complements the work of the broader statewide Overdose Prevention and Intervention Taskforce.

Successful Start

This is an advisory board comprised of representatives from State and local agencies. The board works to advise on Healthy Families America, Project Launch, Project Autism, and Department of Children, Youth, and Family (DCYF) related programming. A parent advisory board gives feedback on these programs and discusses any relevant issues affecting them and their communities.

Community Agencies

RIDOH highly values, and works with, the community as a core partner in MCH and works with all 39 municipalities to assure that equity in maternal and child health becomes a reality. The community agencies take on a variety of roles, including advocacy and policy work, direct services, and clinical services. RIDOH maintains strong partnerships with many community organizations, hospitals, healthcare providers, and academic institutions. Through these partnerships, various initiatives, programs, and population health priorities can be integrated at all levels of public health service and healthcare delivery throughout the state. Community, healthcare, and academic

partners also help assess the health needs of all Rhode Islanders, and they provide data that may highlight emerging issues, diseases, or inequities.

Other State Agencies

Various State agencies are responsible for independently and collaboratively working together and with community partners to care for birthing parents and their children. It is important to note that these agencies are centralized at the State level and serve every city and town in the state. Some of the State agencies listed are specifically charged with serving this subset of the population. Other agencies have fashioned programs and units that serve the needs of birthing parents and children.

EOHHS

EOHHS serves as “the principal agency of the executive branch of state government” (R.I.G.L. §42-7.2-2) responsible for overseeing the organization, finance and delivery of publicly funded health and human services. In this capacity, EOHHS administers the state’s Medicaid program and provides strategic direction to Rhode Island’s four health and human services agencies: RIDOH; Department of Human Services (DHS); DCYF; and Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

DCYF

DCYF is the sole child welfare agency for the State of Rhode Island. It consists of numerous divisions, including Child Protective Services, Licensing, Family Service Unit, Developmental Disability Unit, Child Support Unit, Juvenile Corrections, Juvenile Probation, Legal Department, Intake Unit, Monitoring Unit, Central Referral Unit, Children’s Behavioral Health Unit, and the Contract Compliance Unit. In short, DCYF is the state child welfare, children’s mental health, and juvenile corrections services agency which promotes safety, permanence, and well-being of children through partnerships with family, community, and government.

Office of the Child Advocate (OCA)

OCA serves as the oversight agency of DCYF and monitors each child involved with DCYF. OCA is responsible for monitoring the operation of each unit within DCYF and must ensure best practices for child welfare and general compliance with internal policies and protocols, State law, and federal law.

Office of the Health Insurance Commissioner (OHIC)

OHIC makes sure that insurance companies selling policies in the state follow Rhode Island and federal law. OHIC issues recommendations, orders, and/or penalties to protect Rhode Islanders if State or federal law is not followed. OHIC also creates new regulations and updates current regulations as needed. Consumer protection is at the core of all of the work in the agency as it oversees and researches the appropriateness of any insurance premium increases.

BHDDH

BHDDH has three major operational divisions: Behavioral Healthcare, Developmental Disabilities, and Eleanor Slater Hospital. BHDDH serves more than 50,000 Rhode Islanders who have intellectual and/or developmental disabilities or need long-term acute care in the State hospital system, the Eleanor Slater Hospital. The Department works to create safe, accessible, high-quality and integrated services for all Rhode Islanders, while collaborating with community partners for those in need of assistance.

Office of Housing and Community Development (OHCD)

OHCD provides opportunities for healthy and affordable housing through production, lead-hazard mitigation, and the coordination of the homeless system and implementation of the State’s plan to end homelessness. OHCD provides financial and operational support for all housing programs administered by the Housing Resources Commission (HRC), including a rental assistance program, which will provide housing to homeless individuals and families by non-profit homeless service providers. OHCD’s Community Development branch administers the federal Community Development Block (CDBG) program, and related programs.

Department of Education (RIDE)

RIDE oversees, administratively, all primary and secondary schooling in the state, and also oversees the educational services where special needs children and youth receive their schooling.

Commission on Deaf and Hard of Hearing (RICDHH)

RICDHH is an advocacy, coordination, and service-providing entity committed to promoting an environment in which Deaf and hard-of-hearing individuals in Rhode Island are afforded equal opportunity in all aspects of their lives. The RICDHH develops policy; initiates and lobbies for favorable legislation; fosters cooperation and awareness among State agencies and community organizations; and educates and advises consumers, State agencies, and employers about the *Americans with Disabilities Act* (ADA) rights to equal access.

Governor's Commission on Disabilities

A Governor-organized commission that believes that all people with disabilities should have the opportunity to exercise all the rights and responsibilities given to all Rhode Islanders. They believe each person with a disability should be able to reach their maximum potential in independence, human development, productivity, and self-sufficiency.

Developmental Disabilities Council

There are 24 Governor-appointed Rhode Islanders serving on the Council who are proponents of legislative and systems changes that account for obstacles in education, employment, transportation, housing, recreation, and healthcare that confront people with disabilities throughout their lives.

Rhode Island's Maternal and Child Health Domains

Rhode Island is a small, but diverse, state that offers a variety of services for birthing parents, children, and youth. The State is always advocating for adequately serving its constituents and help them toward a healthy and prosperous life. The MCH program builds upon the comprehensive healthcare and social service system to prioritize the state's most disparate populations with a racial and health equity lens. MCH works to increase awareness that social, economic, and environmental inequities have resulted in adverse health outcomes and have a greater impact than individual choices for mothers, children, and families in Rhode Island.

Preconception, Pregnancy, and Postpartum

The Title V program refers to women and maternal health as the preconception, pregnancy, and postpartum health section. This section refers to the health of women of child-bearing age, usually age 15-44, although demographics show that this age range has been widening. Preconception health is an area that focuses on women's health before she becomes pregnant, health during pregnancy focuses on women's health beginning with conception up to the pregnancy outcome, and postpartum health is the area that focuses on women's health after the pregnancy outcome and up to six months after the pregnancy outcome. Preconception care is important because it reduces unwanted and mistimed pregnancies and teen pregnancy. It also has been linked with better prenatal care engagement and birth outcomes. The Preconception, Pregnancy, and Postpartum Health domain section has taken into consideration that the care and outcomes of women, children, and families are impacted by systemic racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers.

System of Care

It is important to lay out the system of care that a birthing parent receives as they enter antepartum and intrapartum. For reference, antepartum is referred to as the pregnancy and intrapartum spans from the onset of labor to the delivery of placenta. There is a network of support for a birthing parent as they journey through the conception and gestation process. Primary care providers and obstetrician-gynecologists (OB-GYNs) are generally the first providers that interact with a patient about their sexual health before and during pregnancy. During visits with practitioners, many individuals are educated on, and gain access to, family planning options. Family planning promotes reproductive health by helping people prevent unplanned pregnancy or achieve intended pregnancy. This is an important option for individuals as, in 2016-2019, 40% of women had an unintended pregnancy.

Title X Family Planning Clinics are funded by the federal Title X grant and provide individuals with comprehensive family planning and related preventive health services. It is important to note some past Title X Grant recipients, such as Planned Parenthood, have foregone this funding stream with the release of mandates concerning family planning methods. In 2020, approximately six out of 10 individuals served at Title X clinics use a family planning method defined as most to moderately effective, such as an IUD or hormonal injections.

During antepartum, Title X clinics, OB-GYNs, midwives, doulas, and primary care providers become important to ensuring the health of a pregnant individual and developing fetus. Recent estimates show that there are a total of 30 prenatal care practices in the state. In 2020, 84.1% of pregnant women who gave birth received prenatal care beginning in the first trimester, similar to 84.7% in 2018. Additionally, Family Visiting programming, such as Nurse Family Partnership, supports and helps prepare pregnant individuals for parenthood.

During intrapartum, a pregnant person can choose to access hospital, midwifery, and doula services. Women & Infants Hospital, part of the Care New England system, specializes in care of women and newborns, and is the ninth-largest, stand-alone obstetrical service in the US. In 2019, more than 80% of newborns in Rhode Island were delivered at Women & Infants Hospital. There

are four additional birthing hospitals located throughout the state that account for the remaining births. Within many of these hospitals, their respective obstetric and labor and delivery units not only birth babies but perform fetal surgery, examine placenta and products of conception, and perform neonatal postpartum exams.

Recent Accomplishments

In this area, RIDOH focused on improving access to oral health services and improving preconception care and education. In 2018, the Family Visiting Program incorporated oral health screening and referral into its case management and data collection systems, the WIC Program added an oral health education model for WIC participants, and the RIDOH Childhood Lead Poisoning Prevention Program began distributing bilingual oral health materials in all of the certified lead centers in the state. Preconception health continues to be an area of focus because of its significance in affecting perinatal health outcomes. In the last several years, promotion of pregnancy intention screening, using the *One Key Question* model, has been used to encourage reproductive health counseling that empowers individuals to clarify their health needs in relation to their personal goals. After reviewing and exploring existing data, RIDOH participated in an Association of Maternal and Child Health Programs (AMCHP) communications technical assistance training and created an issue brief on maternal mortality and morbidity. Rhode Island recently established the Pregnancy and Post-Partum Death Review Committee, as directed by 2019 legislation.

Needs Assessment Update

For all following health domains, the MCH program has taken into consideration that the care and outcomes of women, children, and families are impacted by systemic racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers. The following quantitative, qualitative, and anecdotal information tries to tease out health disparities and the overarching healthcare needs of communities.

Preconception Health

In 2020, 61 % of Title X clients were using moderate to most effective family planning methods, a decrease from 64.5% in 2019. There was an improvement in the trend among women reporting that they didn't exercise or exercised little before pregnancy, from 29.4% in 2018 to 25.7% in 2019. In 2016-2019, women younger than 20 were more likely to experience depression before pregnancy (20.4%) than women 34 or older (12.3%). In 2020, 84.1% of pregnant women who gave birth received prenatal care beginning in the first trimester, similar to 84.7% in 2018. Non-Hispanic White women (86.9%) were more likely to start prenatal care in the first trimester than Non-Hispanic Black women (78.8%).

Health During Pregnancy

In 2016-2019, 39.3% of pregnancies in Rhode Island were unintended. Among racial/ethnic groups, 31.2% of Non-Hispanic White pregnancies were unintended, compared to Hispanics (44.9%) and Non-Hispanic Blacks (53.5%). Vital Records data show that 2.8% of women who gave birth in 2020 reported having a previous preterm birth. Among Rhode Island women who gave birth in 2020, 8.3% had gestational diabetes and 8.9% had gestational hypertension/pre-eclampsia, both increases from 2019. Although the overall trend of cigarette smoking during the last three months of pregnancy has decreased from 7% in 2016 to 4% in 2019, pregnant women with disabilities had a higher percentage (11.7%) of smoking during pregnancy than pregnant women with no disabilities (4.7%) in 2016-2019. The decreasing trend in cigarette smoking during pregnancy may not account for the increasing trend in electronic cigarette use from 4.8% in 2016 to 7.1% in 2019. In 2020, 84.1% of pregnant women who gave birth received prenatal care beginning in the first trimester, similar to 84.7% in 2018. Non-Hispanic White women (86.9%) were more likely to start prenatal care in the first trimester than Non-Hispanic Black women (78.8%). Fewer Non-Hispanic Black women (48.1%) also reported having their teeth cleaned by a dentist or dental hygienist compared to Non-Hispanic White women (62.7%). The statewide percent of women who had their teeth cleaned during pregnancy was 59.2% in 2018. White, non-Hispanic women had the highest rates of

cleaning (63.9%) compared with 41.7% for Black, non-Hispanic, 58.4% for Hispanic, and 44.5% for other, non-Hispanic women.

Delivery and Postpartum Health

In 2020, 29.5% of women had cesarean delivery with a low-risk first birth. The 2020 severe maternal morbidity rate (excluding blood transfusions) was 85.2 per 10,000 delivery hospitalizations, which is a decrease from 116.2 per 10,000 in 2019. In 2019, major racial disparities in severe maternal morbidity rate continued to be seen between Black women (152.4 per 10,000 delivery hospitalizations) than White women (81.5 per 10,000) in 2016-2020. These disparities can also be seen among delivery hospitalizations regarding postpartum hemorrhages (Hispanic women: 1,032 per 10,000 delivery hospitalizations; Black women: 957.2 per 10,000; White women: 812.5 per 10,000) and severe hypertension (Black women: 629.7 per 10,000; Hispanic women: 557.4 per 10,000; White women: 382.6 per 10,000). According to Pregnancy Mortality Surveillance System data, there were less than 10 pregnancy-associated deaths in 5 years from 2013-2017. The percentage of women reporting symptoms of postpartum depression was 11.5% in 2019, a slight decrease from 12.3% in 2018. From 2016 to 2019, 18.5% of women who identified as *Other* reported postpartum depressive symptoms compared to Non-Hispanic White women (11.4%). An even larger disparity in postpartum depression existed between women with disabilities (31.5%) and women with no disabilities (10.9%).

Adverse Birth Outcomes

The preterm birth (less than 37 weeks' gestation) rate in Rhode Island was 9.1% in 2020. This represents a decrease from the preterm birth rate of 9.4% in 2019. However, Non-Hispanic Black infants continue to have higher preterm birth rates (9.4%) than Non-Hispanic White infants (8.5%). Vital Records data show that 2.8% of women who gave birth in 2020 reported having a previous preterm birth. Among Rhode Island women who gave birth in 2020, 8.3% had gestational diabetes (compared to 7.6% in 2018) and 8.9% had gestational hypertension/pre-eclampsia (compared to 8.1% in 2018).

In 2020, there were 769 infants who were born with low birth weight (less than 2,500 grams), representing 7.6% of all infants born. In the same year, 94% of all very low birth weight (less than 1,500 grams) infants were born in a Rhode Island Level III NICU hospital. Racial disparities are also observed in low-birth-weight babies (Non-Hispanic Black infants: 9.5%; Non-Hispanic White infants: 6.9%).

In 2020, the infant mortality rate (IMR) in Rhode Island was 4.7 deaths per 1,000 live births, a decrease from 5.5 per 1,000 in 2019. There is a large disparity between the Non-Hispanic Black IMR (9.1 per 1,000 live births) and the Non-Hispanic White IMR (2.9 per 1,000).

Impacts of COVID-19 Pandemic

The COVID-19 pandemic has affected health systems and services to the MCH population in Rhode Island, as well as highlighted inequities among vulnerable populations and communities. There was a 15.4% drop in resident births during January-February in 2021, compared to that same time period in previous years.

To protect their clients and workers, RIDOH programs, such as Family Visiting and WIC, offered telehealth services to pregnant women, postpartum women, and their families. Although transmission of COVID-19 among daycare centers seemed worrisome, a study showed limited transmission at child day care sites in Rhode Island due to high compliance with RIDOH and DHS requirements. HEZs offered a ready-made infrastructure to support immediate and longer-term efforts in High Density Communities (HDCs) most affected by the COVID-19 crisis. To improve reporting of COVID-19 cases among newborns and pregnant women, the Office of Vital Records began collecting questions on COVID-19 beginning in 2021. Preliminary data from January to June 2021 show that 286 (6.0%) of Rhode Island women who gave birth tested positive for COVID-19

during pregnancy or at delivery. Among those 286 women, 12 newborns also tested positive for COVID-19.

Early research showed that pregnant women were more likely to have severe illness from COVID-19 than non-pregnant women. Evidence from CDC studies demonstrated that the COVID-19 vaccine was just as safe and effective for pregnant women as it was for non-pregnant women. Rhode Island began administering COVID-19 vaccines to healthcare professionals and vulnerable populations in December 2020. COVID-19 vaccines were made available for all people age 12 or older in May 2021.

Priority 1: Improve Prenatal Health by Reducing Perinatal Health Disparities

RIDOH believes that all pregnant individuals should have access to comprehensive and timely prenatal services across the healthcare continuum. Overall, public health research and data show that social, economic, and environmental inequities have resulted in adverse health outcomes and have a greater impact than individual choices. Reducing prenatal health inequities through policy and systems change can help improve opportunities for every Rhode Islander.

Strategy 1: Address Perinatal Health Disparities within Prenatal Health Programs

Title V is continuing to grow its partnerships with community stakeholders, cultural groups, and networks, such as HEZ and SISTA FIRE, to address perinatal and birthing disparities within the birthing parent system of care. Through these partnerships, RIDOH administered programs, including Family Visiting, family planning, oral health, and other preventive care, are seeking guidance on:

- Translation and interpretation services;
- Trauma-informed care/consent;
- Cultural Bias;
- Community Resources; and
- Workforce Diversity.

This includes soliciting solutions to challenges from the community. For example, through a partnership with a perinatal doula consultant, and a Black, Indigenous, People of Color (BIPOC) community-based organization (SISTA Fire), RIDOH's MCH program supported efforts of community stakeholders to increase the availability of doula services and support to women in Rhode Island.

This coming year, SISTA Fire, a women of color network advocating for change within Rhode Island, will continue its collaboration (funded by the MCH technical assistance Grant) with Women & Infants Hospital to increase perinatal workforce diversity and address disparities of care present for pregnant people of color. Additionally, SISTA Fire is currently working to build out a support network for doulas of color and support the development of doula certification and reimbursement infrastructure.

In addition, RIDOH MCH hired a BIPOC perinatal community consultant to serve as an advisor and thought partner to inform racial equity initiatives and assist in the development and implementation of the MCH racial equity action plan. This includes supporting MCH leadership in the development and implementation of racial equity organizational initiatives, objectives, and strategies related to the advancement of racial equity.

Essential to this domain is supporting Rhode Island's emerging doula workforce efforts. RIDOH MCH will continue efforts to engage stakeholders on preparing a Medicaid State Plan Amendment, cost analysis, finalizing certification standards, and assisting with implementation readiness.

Priority 2: Reduce Maternal Morbidity and Mortality

The maternal morbidity and mortality trends have been increasing for all racial/ethnic populations in the following areas:

Maternal Morbidity Rate: The 2020 severe maternal morbidity rate (excluding blood transfusions) was 85.2 per 10,000 delivery hospitalizations, which is a decrease from 116.2 per 10,000 in 2019. In 2019, major racial disparities in the severe maternal morbidity rate continued to be seen between Black women (152.4 per 10,000 delivery hospitalizations) and White women (81.5 per 10,000). These disparities can also be seen among delivery hospitalizations regarding postpartum hemorrhages (Hispanic women: 1,032.0 per 10,000 delivery hospitalizations; Black women: 957.2 per 10,000; White women: 812.5 per 10,000) and severe hypertension (Black women: 629.7 per 10,000; Hispanic women: 557.4 per 10,000; White women: 382.6 per 10,000). In 2020, 29.5% of women had cesarean delivery with a low-risk first birth.

Postpartum Depression: The percentage of women reporting symptoms of postpartum depression was 11.5% in 2019, a slight decrease from 12.3% in 2018. In 2016-2019, 18.5% of women who identified as Other reported having postpartum depressive symptoms compared to Non-Hispanic White women (11.4%). An even larger disparity in postpartum depression existed between women with disabilities (31.5%) and women with no disabilities (10.9%).

To respond to these disparities and support this new priority, RIDOH will resume, continue, and add strategies as follows:

Strategy 2a. Create and Oversee the Rhode Island Pregnancy and Post-Partum Death Review Committee (PPDRC)

PPDRC is a newly established multidisciplinary committee that reviews deaths that have occurred during pregnancy or within one year of the end of pregnancy (this replaces the Maternal Mortality Review Committee). PPDRC reviews these deaths to identify factors contributing to the deaths, to recommend public health and clinical interventions that may prevent future deaths, and to improve systems of care. To date, there is a 50-member committee that has been oriented by the Centers for Disease Control and Prevention (CDC), established a meeting schedule, developed a data sharing relationship with the CDC, and contracted with a logistics coordinator for abstractions and recording purposes. During the pandemic, the committee was able to hold four virtual meetings to review pregnancy and postpartum death cases. The committee currently has 10 members from the community reviewing and weighing in on cases during meetings. Our protocols for integrating community participation include designating our MCH Disparities specialist, Aidea Downie, as a community member liaison. She helps the committee receive reimbursement for their time and tries to answer and/or resolve any questions or concerns the committee members may have. In all, she is there throughout the process, including submitting paperwork to the committee, reviewing orientation and case review materials, and accessing meeting links and agendas.

The pregnancy and postpartum death review is conducted pursuant to RIGL §23-4-3 and Department of Public Health rules and regulations pertaining to the reporting of selected causes of mortality in Rhode Island. Rhode Island's legislation informs the composition of the PPDRC members that are appointed by the Director of Health. Per the legislation, the committee shall include:

- State agencies;
- An obstetric provider from each hospital that delivers obstetrical care;
- A neonatal specialist;
- A perinatal pathologist;
- A maternal fetal medicine specialist; and
- individuals or organizations that represent the populations that are most affected by pregnancy-related deaths or pregnancy-associated deaths and lack of access to maternal health care services.

Rhode Island Title V intends to fully engage the perspectives expressed through the needs assessment from SISTA FIRE and HEZs to ensure systemic racism, discrimination, unaddressed

language barriers, and a lack of culturally responsive providers are wholly incorporated in committee recommendations.

It is important to note that Rhode Island acknowledges the breadth of gender identity of individuals who may become pregnant (e.g., transgender, non-binary, and intersex) and named our committee the Pregnancy and Post-Partum Death Review Committee.

Strategy 2b. Continue to Implement a Perinatal Quality Collaborative with Diverse Representation from the Community

Until recently, Rhode Island was the only state in the nation without an active Perinatal Quality Collaborative (PQC). In early 2020, hospital professionals, the Hospital Association of Rhode Island, and RIDOH partnered to initiate a PQC in the state to improve health outcomes for women and newborns using quality improvement (QI) methods. In February 2020, the Rhode Island Prematurity Task Force leadership helped to spearhead the development of a PQC through monthly meetings and by coordinating with the Alliance for Innovation in Maternal Health Program to identify immediate needs. The RI AIM program began in 2020 with the focus on decreasing postpartum hemorrhage by implementing their AIM bundle. In November 2020, the Perinatal Neonatal Quality Collaborative of Rhode Island (PNQCRI) was launched during a Grand Rounds at Women & Infants Hospital. Since that time, RIDOH is currently working with the National Perinatal Information Center to:

- 1) Provide opportunities to allocate funding for operating the PQC;
- 2) Advocate for diverse representation from the community to reduce racial/ethnic disparities in the hospital setting; and
- 3) Coordinate efforts with the PPDRRC and the AIM program in addressing maternal morbidities and mortality. A contract is expected to be finalized soon with the National Perinatal Information Center to launch a funded PQC.

Strategies delayed by COVID-19 that will resume:

Promulgate birth center regulations: RIDOH has re-engaged with the Rhode Island Governor's Office of Regulatory Review (ORR) to promulgate the regulations. ORR has requested a cost benefit analysis of the regulations that is currently being prepared. It is anticipated to be final early Fall 2021.

Perinatal/Infant

The perinatal period refers to the period immediately before and after birth. Perinatal and maternal health are closely linked. Infant health refers to the period before a child's first birthday, a very critical period in growth and development. The MCH Program strives to ensure that all pregnant women receive appropriate prenatal care, which can affect both maternal and infant birth outcomes. The program is focusing on the caregiver relationship between the mother and infant. Emphasis is placed on identifying pregnant and parenting families who are at high risk of negative outcomes and linking them to appropriate services, including addressing stagnant or worsening trends in racial/ethnic disparities. This health domain section has taken into consideration that the care and outcomes of women, children, and families are impacted by the systemic racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers. The following quantitative, qualitative, and anecdotal information tries to tease out health disparities and the overarching healthcare needs of communities.

System of Care

Rhode Island birthing hospitals contain postpartum and Neonatal Intensive Care Units (NICU) that assess and care for delivered babies. During postpartum, Rhode Island birthing hospitals are legally required to coordinate with RIDOH's Office of Newborn Screening and Follow Up to screen all newborns in Rhode Island for metabolic, endocrine, hemoglobin, hearing, and developmental risk factors. All babies are tested because babies with these disorders often appear healthy at birth. Serious problems, including death, can be prevented if the disorders are discovered early.

Generally, the Office of Newborn Screening and Follow-Up works to support systems and services that screen newborns. In total, the program provides universal newborn screening for 33 core blood disorders, Critical Congenital Heart Disease, and a hearing and developmental risk assessment. Their goal is to screen 100% of newborns annually and thoroughly monitor the number of follow-up forms completed by diagnostic clinics in KIDSNET. The Office includes the Newborn Hearing Screening Program that works to screen, evaluate, refer, and provide resources and educational supports to newborns with hearing loss.

Consultation on breastfeeding is available to birthing parents both inside the hospital and in the community. There are Certified Lactation Counselors (CLCs) and International Board-Certified Lactation Consultants (IBCLCs) that can help birthing parents through the breastfeeding process. Both IBCLCs and CLCs are tasked with assessing, advocating, educating, and consulting birthing parents. RIDOH plays a role in monitoring IBCLCs and CLCs, digitally listing all certified practitioners in the state, and examining any consumer complaints. Additionally, Family Visiting Programs are influential in supporting the lives of parents with newborns and young children and connecting them to relevant resources.

Recent Accomplishments

As part of RIDOH MCH Program's disparity elimination goal, supporting the availability of doula services and supports to women in Rhode Island has been a priority. Since doulas are trained professionals who provide continuous physical, emotional, and informational support to women during pregnancy, childbirth, and the first few postpartum weeks, their services are essential. Doulas assist in making women as comfortable as possible during birth, providing help with breathing techniques, massage and advice, and can help advocate for the women during the birth. Births assisted by doulas have significantly lower rates of cesarean section, with one study showing a 39% reduction.

RIDOH's MCH program supported legislation, identified reimbursement strategies, assisted role clarification, promoted certification, and convened stakeholders. To provide support to Rhode Island doula networks, MCH engaged in two contracts – one with a perinatal doula consultant, and the other with a BIPOC community-based organization (SISTA FIRE).

With RIDOH's leadership, there has been significant recent progress, namely Doula Certification Standards and the passage of Doula Reimbursement Legislation. Doula Certification Standards are in the final stages of approval through the Rhode Island Certification Board. The work that included polling doulas, facilitating meetings, and comprehensively weaving together a set of competencies for doula providers, was paid for and shepherded by the RIDOH MCH program.

A second major success for doulas in Rhode Island was the passage of the *Doula Reimbursement Act* (2021-S 0484) [webserver.rilin.state.ri.us] requiring reimbursement be given to doulas by both Medicaid and private insurance. The bill was developed and submitted to the Rhode Island General Assembly by a coalition of doulas, lawmakers, and community leaders and organizations. Through their tireless advocacy, the bill was approved and will be implemented in July 2022. These successes will further RIDOH MCH's 2020-2025 priority to eliminate disparities in Preconception, Pregnancy, and Postpartum (i.e., Women/Maternal) Health.

Rhode Island is fortunate to have breastfeeding laws that support breastfeeding and lactating mothers. These laws allow women to breastfeed in all public spaces; require health insurers to cover breast pumps; and compel employers to provide a private, clean space for pumping. Currently, more than 95% of babies are born in certified Baby-Friendly facilities – four of five birthing centers. (Note: Baby Friendly facilities meet standards showing the facility has policies and procedures in place to promote and support breastfeeding.)

In 2019, work was completed toward coordinating and standardizing breastfeeding messages for all RIDOH programs that work with prenatal and postpartum women. Content experts from both the WIC and Family Visiting programs developed new education materials that are relevant and impactful. A distribution plan for the completed materials was developed and is being executed on an ongoing basis. RIDOH also oversees the implementation of four home visiting models throughout the state: First Connections, Nurse-Family Partnership, Healthy Families America, and Parents as Teachers. The Family Visiting Program at RIDOH continues to identify, enroll, and provide services for families most at-risk for poor health outcomes. In 2020, the Program served 4,135 families and conducted 24,124 visits. Finally, On July 1, 2020, Rhode Island began screening for one new condition, Spinal Muscular Atrophy. In 2020, 99.98% of eligible infants received a newborn blood spot screening and 99.89% were screened for Critical Congenital Heart Disease (CCHD). The Newborn Screening Program and the Birth Defects Program continue to collaborate to track and identify cases of CCHD. All screening continued, as usual, during the COVID-19 pandemic.

Needs Assessment Update

Poor Birth Outcomes

In 2019, there were 786 infants who were born with low birth weight (less than 2,500 grams), representing 7.7% of all infants born. In the same year, 95.4% of all very low birth weight (less than 1,500 grams) infants were born in a Rhode Island Level III NICU hospital. Racial disparities are also observed in low-birth-weight babies. The preterm birth (less than 37 weeks gestation) rate in Rhode Island was 9.4% in 2019. This represents an increase from the preterm birth rate of 8.2% in 2017. The difference between Non-Hispanic White (8.0%) and Non-Hispanic Black (11.1%) births is 3.1 per 100 births. Provisional data for 2019 indicate that the infant mortality rate in Rhode Island is 5.5 deaths per 1,000 live births. The Black/White infant mortality ratio for 2017-2019 is 4.2, with Non-Hispanic Blacks infants having a mortality rate of 13.0 per 1,000 live births compared to that of Non-Hispanic White infants with 3.1 per 1,000 live births.

Caregiver Relationship with Infant

In 2020, home visitors observed 54.3% of caregivers interacting with their children, a decrease from 72.4% in 2019. In 2018-19, 63.8% of caregivers were able to handle the day-to-day demands of raising children very well, which increased to 68.7% when handling the day-to-day demands of raising children up to age five. The mental/behavioral health of a woman may impact the ability to care for their child(ren). In 2018-19, the percentage of mothers who reported having excellent or

very good mental and emotional health was 76.5%, a slight decrease from 78.2% in 2017-18. In 2018-19, 73.3% of Hispanic mothers reported having excellent or very good mental and emotional health compared to 78.1% of Non-Hispanic White mothers.

Substance Exposed Newborns

Hospital discharge data in 2020 showed that 82 newborns were discharged with neonatal abstinence syndrome (NAS). This represents a rate of 80 per 10,000 newborn hospitalizations, a decrease from the NAS rate of 89.4 per 10,000 in 2019. There was also a decline in the number of substance exposed newborns from 538 in 2019 to 470 in 2020.

Breastfeeding

2018 National Immunization Survey (NIS) data show that 78.8% of Rhode Island infants breastfed at some point in time but that only 23.0% of Rhode Island infants were breastfed exclusively through six months.

Mental and Emotional Health

The mental/behavioral health of a woman may impact the ability to care for their child(ren). In 2018-19, the percentage of mothers who reported having excellent or very good mental and emotional health was 76.5%, a slight decrease from 78.2% in 2017/18. In 2018-19, 73.3% of Hispanic mothers reported having excellent or very good mental and emotional health compared to 78.1% of Non-Hispanic White mothers. In 2018, after giving birth, 25.4% of women responded that they often or sometimes felt down, depressed, or hopeless. Also, Newborn Risk Screening data, including maternal risk markers, showed that, in 2018, 32.9% mothers were identified as having a history of a mental health outpatient visit, 7.2% had a history of substance abuse, 3.3% had a previous DCYF intervention, and 2.7% had a history of a chronic illness.

Priority 3: Strengthen Caregiver's Behavioral Health and Relationship with Child

Title V aims to support a caregiver's behavioral health and relationship with their child. This includes supporting bonding methods between caregiver and child and assessing the behavioral health of the caregiver and referring them to appropriate and supportive services. To respond to these disparities and support this new priority, RIDOH will resume, continue, and add strategies noted below. In addition, RIDOH will continue systems support for coordination and quality improvement of the following areas of work: safe sleep, newborn screening, newborn hearing program, perinatal hepatitis prevention, and Zika surveillance.

Strategy 3a. Make Available Comprehensive Services and supports through the Family Visiting Program

- The Family Visiting Program will continue to support its 14 family visiting agencies with access to mental health consultation and similar supportive resources.
- RIDOH Family Visiting programs will continue to screen caregivers for prenatal and postpartum depression, alcohol and substance use, and interpersonal violence. Families are offered referrals and are linked to care based on screening results.
- First Connections will continue to refer and engage vulnerable families in long-term, evidence-based family visiting as well as work closely with DCYF to identify and refer families that are involved with the child welfare system. Additionally, the Family Visiting program will continue work with DHS to refer and engage families participating in Temporary Assistance for Needy Families (TANF).
- The Family Visiting Program will continue to work closely with Rhode Island's Association for Infant Mental Health to support family visitors and provide training related to behavioral health. Title V and Family Visiting are committed to improve the professional development system that is based on national core competencies for family visiting staff, including standardized orientation for all new staff and supervisors.

Strategy 3b. Grow Behavioral Health Teleconsultation Resources for Caregivers and Children

With continued Health Resources and Services Administration funding, RIDOH will continue to implement psychiatry resource networks (PRN) for both pregnant and postpartum patients (MomsPRN) and children and adolescents (PediPRN) to help healthcare providers treating

pregnant, postpartum, or pediatric patients screen and manage behavioral health disorders with the following areas of focus:

MomsPRN: Clinicians from the Center for Women’s Behavioral Health have identified increasing promotion of Substance Use Disorder (SUD) teleconsultation supports among prenatal care providers and greater awareness among pediatricians and family physicians as top areas of focus in this next federal fiscal year, with plans to collaborate with PediPRN, emergency department providers, and other maternity providers currently underway and/or planned. Women & Infants Hospital will continue to provide ongoing professional education and conduct provider outreach. Additionally, it will explore the feasibility of creating an online inquiry form and offering resource and referral support to WIC and Early Intervention staff, similar to what is currently offered to RIDOH family visiting. The Care Transformation Collaborative of Rhode Island (CTC), in partnership with RIDOH and Women & Infants Hospital, will similarly continue to help a second cohort of nine practices enact universal behavioral health screening, treatment, and referral protocols for depression, anxiety, and substance use among attributed perinatal patients through a perinatal behavioral health quality improvement learning collaborative. RIDOH will continue work on a program dashboard that reports impacts across all program collaborations. Furthermore, RIDOH will partner with Brown University’s Hassenfeld Child Health Institute for an all-payer claims perinatal behavioral health data analysis. Finally, RI MomsPRN staff will work with the PediPRN program to advance sustainability planning and advocacy with various local stakeholders as well as collaborate with the Substance Exposed Newborn Task Force to:

- Advance regulations, policies strategies, and legislation relating to perinatal behavioral health, such as those that promote universal behavioral health screening;
- Incorporate behavioral health quality measures in relevant contracts;
- Support continued telehealth availability;
- Expand postpartum Medicaid coverage; and
- Support other activities relating to behavioral health treatment, care, and recovery.

PediPRN: Like MomsPRN, PediPRN serves providers treating children and adolescents in partnership with Bradley Hospital. The project’s mission is to improve access to behavioral health care for Rhode Island children and adolescents by integrating psychiatry into the State’s pediatric primary care practices. To achieve its mission, PediPRN uses a telephonic integrated care model to improve access to quality behavioral health expertise. This service, funded by a five-year HRSA grant, is free and provides all Rhode Island pediatric primary care providers assistance with the mild to moderate mental health care needs of their patients. PediPRN focusses on creating a culture of empowerment for pediatric primary care providers. The clinical team works closely with providers offering CME opportunities, educational e-blasts, an updated website with assessment and educational resources on pediatric behavioral health topics, and ongoing support during telephonic consultations.

Strategy 3c. Support Efforts to Expand Breastfeeding Services and Supports

- Increase access to IBCLC and CLC: RIDOH and community partners will continue to support breastfeeding and attachment by working to increase participation and sustain support groups (such as the Baby Café) in more communities throughout the state.
- Support efforts to increase the number of IBCLCs and CLCs of color to address disparities in infant breastfeeding rates: RIDOH anticipates offering CLC training again, (now offered virtually) in Fall 2021. The MCH Program is working with several internal partners to explore ways to recruit and increase access to this training for interested IBCLCs of color. Input from these partners suggest that the virtual format and a flexible six-month completion timeframe (instead of one week), will make this training and certification more flexible and accessible for BIPOC individuals.
- Work with the Rhode Island Breastfeeding Coalition’s Licensing Committee to ensure licensed lactation consultants are incorporated in health insurance reimbursement policies: RIDOH will continue to work on strategies to establish reimbursement from insurance companies for lactation services to help increase supports for breastfeeding parents.

- Continue to support breastfeeding awareness through the HEZ initiative: To support their commitment to innovation and resident-driven strategies to address health disparities, The Newport HEZ will continue to support the Women of Color Collective (WoCC). In the upcoming year cycle (10/1/21-9/30/22) the WoCC will continue to grow membership; meet monthly; and develop its organizational structure, mission, vision, and evaluation plan. In addition, WoCC is developing a three-year strategic plan incorporating a racial equity and civic engagement lens, placing specific emphasis on the health and well-being of mothers and babies.

Strategy 3d. Increase WIC Caseload

The WIC Program will continue with current services with a focus on increasing caseload, referrals, and collaborations with new partners.

Strategies delayed by COVID-19 that will resume:

- **Resume efforts to increase the number of IBCLCs and CLCs of color to address disparities in infant breastfeeding rates:** RIDOH had planned to offer a CLC training, but it was postponed due to the pandemic. The MCH Program is working with several internal partners to explore ways to recruit and train IBCLCs of color. RIDOH anticipates offering this training again, (now offered virtual) in Fall 2021.
- **Continue the work of the Rhode Island Task Force to Support Pregnant and Parenting Families with Substance-Exposed Newborns (SEN Task Force):** RIDOH will resume the work of the Task Force to address its four overarching priorities:
 - Increase education and workforce development;
 - Improve interdisciplinary, family-centered care coordination;
 - Expand and increase access to treatment and recovery; and
 - Use data to inform program activities and improve outcomes.

Child Health

Children's health is the well-being of children from birth through adolescence, usually ages 1-11. Child health providers focus on the healthy growth and development of children to help ensure every child reaches their full potential. To support children's health, it is important to prevent and treat illnesses and injuries that can affect a child's development. It is also important to promote optimal oral health (teeth and gums) and healthy social and emotional development. RIDOH supports children to access healthy foods, be physically active, receive recommended immunizations, and receive timely, high-quality, culturally sensitive healthcare to help them stay healthy. RIDOH also works to foster strong family and community relationships and ensure children grow up in safe environments. This health domain section has taken into consideration that the care and outcomes of women, children, and families are impacted by the systemic racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers. In order to align with the Children's Cabinet and Governor's Preschool Development Grant, the MCH program identified the priority to improve school readiness in the Child Health domain.

System of Care

There is a variety of care options for children and youth in the state. There are 60 pediatric practices in the state that serve children and youth. Additionally, Hasbro Children's Hospital, the pediatric division of Rhode Island Hospital, is Rhode Island's primary dedicated children's hospital. It houses the State's only pediatric emergency department, Level 1 Trauma Center, and pediatric critical care teams. Hasbro is part of the Lifespan health system and is affiliated with the Warren Alpert Medical School of Brown University. Children and youth also have access to structured programming through the state or through community agencies.

Recent Accomplishments

Rhode Island is a leader in several child health indicators, including healthcare coverage and immunization rates. High immunization rates can, in part, be attributed to the State's universal vaccine policy that provides immunizations at no cost to medical providers for children, adolescents, and young adults. KIDSNET, an integrated birth to age 18 child health and immunization registry, is used by public health professionals, medical providers, and several community-based providers (Early Intervention) to improve the health and well-being of children across the state. SEALRII, a school-based dental sealant program, provides free dental exams and sealants to help prevent tooth decay among children who live in low-income communities throughout the state. In addition, beginning in late 2018, RIDOH's Childhood Lead Poisoning Prevention Program pilot tested finger-stick lead screening at WIC sites for children identified in KIDSNET as needing screening. RIDOH supported passage of a school recess law by the state's General Assembly. This law requires 20 consecutive minutes of unstructured free play each day in grades K – 6. RIDOH also participated in a statewide data project to collect overweight and obesity data and publish an issue brief.

Needs Assessment Update

[Children's Health Data](#)

National Survey Children's Health 2018/19 data showed that 72.2% of children were continuously and adequately insured in the past year. Furthermore, 51.0% of children met the criteria of having a medical home. According to the 2018 National Immunization Survey, 75.1% of children in Rhode Island, age 19-35 months, were fully immunized. Rhode Island is ranked high among other states in the nation for immunizations of toddlers. However, disparities continue to exist among certain health conditions. In 2018-19, 18.6% of Hispanic children are reported to currently have asthma compared to only 10.8% of Non-Hispanic White children. Also, 12.1% of Hispanic children aged 10-17 had tooth decay or cavities compared to 9.1% of Non-Hispanic White children aged 10-17. The number of children aged 6-11 who received treatment or counseling from a mental health professional has dropped from 14.4% in 2017-18 to 10.9% in 2018-19.

Childhood Literacy

Early literacy is an important precursor for developing a foundation to school readiness. The rate of postpartum women reporting currently reading or looking at a book with their baby in the past week remained roughly the same from 2019 (83%) to 2020 (81.1%). Disparities exist among race/ethnicity in 2019, where 78.1% of Hispanic postpartum women reported currently reading to their infant compared to 87.6% of Non-Hispanic White postpartum women. In 2018-19, 40.8% of family members were reading to their child, up to age 5, everyday, a drop from 49.6% in 2017-18. This outcome becomes more evident in the disparity between Hispanic family members reading to their child, up to age 5, everyday (23.3%) compared to Non-Hispanic White family members reading to their child (49.3%).

Impacts of COVID-19 Pandemic

With the statewide shutdown earlier in the pandemic, there has been delayed or missed healthcare for many MCH populations. Most notable are the children, whose immunizations have decreased beginning in April 2020. Overall, 24% fewer childhood vaccine doses were given from March 2020 to July 2020 compared to the same period in 2019. The decline was greater for children aged seven or older (43%) and Black children (26%). Childhood lead screening experience a more significant decline, where overall, 43% fewer children were screened for lead poisoning from March 2020 to July 2020 compared to the same period in 2019. The pandemic also disrupted survey response rates from routine population-based surveys such as Rhode Island Pregnancy Risk Assessment Monitoring System, as well as the data collection of various RIDOH programs and external collaborative data partners such as the Reach Out and Read Program

Priority 4: Support School Readiness

The health of children in Rhode Island remains an important issue to the MCH Program. Poor oral, physical, mental, and behavioral health status can have long term health consequences later in life. It is pertinent to focus on early childhood development to improve the physical and psychosocial well-being of Rhode Island children. The MCH Program is prioritizing school readiness, which includes the ability of children in Rhode Island to exhibit their full potential of success and the support of families and communities to meet children's needs of readiness.

Early literacy is an important precursor for developing a foundation to school readiness. In 2019, 83.0% of postpartum women reported currently reading or looking at a book with their baby in the past week, a slight increase from 81.1% in 2020. Disparities exist by race/ethnicity in 2019, where 78.1% of Hispanic postpartum women reported currently reading to their infant compared to 87.6% of Non-Hispanic White postpartum women. In 2018-19, 40.8% of family members were reading to their child, up to age five, every day, a decrease from 49.6% in 2017-18. This outcome becomes more evident in the disparity between Hispanic family members reading to their child, up to age five, everyday (23.3%) compared to Non-Hispanic White family members (49.3%).

Strategy 4a. Improve Early Literacy through Reach Out and Read

Reach Out and Read Rhode Island (RORRI) is a research-supported program, established in Rhode Island in 1999 that provides children with books during pediatric checkups so that families can read to their children at home. During a child's wellness visit, reading together is encouraged for healthy growth and development. Families take home a new book - at no cost - starting at the first checkup through age five, helping build a home library of books. Currently there are more than 340 providers implementing the program at 65 medical practices, clinics, hospitals, and community health centers statewide. More than 35,000 children (50% of all children statewide) participate in the program and 73,000 books are provided annually at no cost to families.

Currently, MCH program is contracting with RORRI (9/2021-12/2022) to distribute a parenting resource book called *I Love You Like Sunshine* which explores the beauty and intensity of relationships between caregivers and babies. This book was selected based on feedback from providers and community members that there was a need for diverse, socioemotional books that addressed the increasing demands of parenthood. The program plans to distribute 2,077 books to families through RORRI offices and clinics. The goal is to offer the book to new and experienced

parents alike as a resource and tool to encourage positive parenting to support healthy growth and development.

Additionally, MCH is contracting with RORRI to distribute books promoting the development of children with autism spectrum disorder (ASD). While RORRI serves approximately 600 children diagnosed with ASD, they currently do not provide books written and illustrated for children with ASD. With support from a Title V grant, RORRI will purchase 2,500 ASD books for children aged 18-months to five years, for children with siblings with ASD, and finally for younger undiagnosed children who providers feel would benefit from one of these titles.

Strategy 4b. Support Preschool Development Grant (PDG B-5) Efforts in Increasing Equitable Access to Early Childhood Education

The goal of the Rhode Island Preschool Development Grant projects is to ensure that Rhode Island children, up to age five, and their families have equitable access to the high-quality services and supports they need for children to enter Kindergarten educationally and developmentally ready to succeed. This includes ensuring that:

1. Families and children up to age five are empowered to lead healthy and engaged lives through timely, targeted services that include thoughtful transitions.
2. Children up to age five have equitable access to high-quality, early childhood care and education., and
3. Four-year-olds participate in high-quality Pre-K.

In the next two years, Rhode Island will continue to use results from the PDG B-5 planning period to improve system, family, provider, and child-level outcomes for its most vulnerable populations. Rhode Island will continue to align the B-5 systems to improve coordination and transitional supports, to expand the workforce, and to better optimize resources across agencies. Rhode Island will engage families in B-5 governance, increase family knowledge through direct supports, and increase access to evidence-based services and programs. For providers, collaboration between State agencies will help increase coordination, efficiency, and quality to better serve target populations. At the child level, access to high-quality Early Care and Education (ECE) programs will be increased, including Pre-Kindergarten. Performance across all outcomes will be measured and evaluated to determine effectiveness and support continuous improvement.

Strategy 4c. Administer PDG B-5 School Readiness and Family Support Projects in HEZs

This coming year the Rhode Island PDG B-5 Grant will continue to fund the HEZs to implement school readiness and family support projects. For example, several HEZs, in addition to Pawtucket-Central Falls and Woonsocket, plan to incorporate programs such as the *walking school bus* into their activities. Family navigation services (Central Providence HEZ) provided in coordination with PDG B-5 funding will continue through June 2022, supporting families across the HEZ community. In Cranston, with the programming and Family Navigator support funded through June 2022, one Cranston HEZ will continue to support families in the HEZ community. The work at the East Providence HEZ, including family navigators, safe sleep, Incredible Years, and Parents as Teachers, will continue through June 2022 with additional PDG B-5 funding, enabling the programming to positively impact the lives of children and families across the HEZ community.

Through June 2022, the Pawtucket and Central Falls HEZ will continue to expand on the Preschool Development Grant Project and support a Family Navigator to provide essential systems navigation services to families, connecting them to vital supports. In Washington County, the Incredible Years/Incredible Beginnings programming will continue into the 2022 State fiscal year and further expand the impact of the Washington County HEZ's programming on the community, bolstering their connection to the region's schools and improving the health and performance of participating children. The West Elmwood 02907 HEZ will be able to expand their efforts and connect an even greater number of families to vital supports that exist in their community. The Woonsocket HEZ will be able to expand on this work after receiving additional PDG B-5 funding, to include programming and training taking place at both The Autism Project and Woonsocket Head Start. The Bristol HEZ will be expanding existing PDG B-5 programming that is already

supporting children and families in the community. Finally, with the expansion of HEZ PDG B-5 funding, the Newport HEZ will provide vital systems navigation support to families in the North End of Newport with the addition of a full-time Family Navigator.

Adolescent Health

Adolescence (age 12-17) is a critical period of transition between childhood and adulthood. It includes the biological changes of puberty and development to adulthood. The behavioral patterns established during these developmental years can protect children or put them at risk for many different physical and behavioral health conditions. Older adolescents and young adults, including those with chronic health conditions, may face challenges as they transition from the pediatric to the adult healthcare system. This includes changes in their health insurance coverage and legal status. It may also include decreased attention to their developmental and behavioral needs. RIDOH strives to ensure that all adolescents and young adults receive timely, high-quality, culturally sensitive healthcare. This health domain section has taken into consideration that the care and outcomes of women, children, and families are impacted by the systemic racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers.

System of Care

There is a variety of care options for children and youth in the state. There are 60 pediatric practices in the state that serve children and youth. Additionally, Hasbro Children's Hospital, the pediatric division of Rhode Island Hospital, is Rhode Island's primary dedicated children's hospital. It houses the State's only pediatric emergency department, Level 1 Trauma Center, and pediatric critical care teams. Hasbro is part of the Lifespan health system and is affiliated with the Warren Alpert Medical School of Brown University. Children and youth also have access to structured programming through the state or through community agencies.

Recent Accomplishments

RIDOH completed an *Adolescent Health Strategic Plan* that utilized the Healthy People 2020 and MCH Title V performance measures as a guide in identifying health priorities. Youth transition to adult healthcare services is an important area of work for RIDOH. For more than 10 years, RIDOH has also planned and sponsored the Dare to Dream Student Leadership Conference for high school students. While the conference was originally intended for youth with special healthcare needs, because of its overwhelming success, it has been expanded to all youth. RIDOH also supports two minority youth leadership programs: Princes 2 Kings (P2K) and Girls Empowerment Mentoring Support (RI-GEMS). These programs provide learning and internship opportunities; pair youth with adult mentors; and address the unique academic, emotional, and environmental needs of the participants. Finally, RIDOH provides safety-net services for family planning and sexually transmitted infection (STI) screening and treatment through contracts with community clinical providers. The Teen Outreach Program, a pregnancy prevention program, has served more than 850 youth since 2013.

Needs Assessment Update

Healthcare and Immunization

According to the 2019 NSCH, 87.8% of adolescents aged 12-17 received a preventive medical visit in the past year. In 2019, NIS reported that 91.9% of teens, age 13-17, have received at least one dose of the HPV vaccine, a slight increase from 89.3 in 2018. Rhode Island has the highest rates of HPV vaccination in the US. Other adolescent immunizations were also high in 2019 with 98.2% receiving at least one dose of the meningococcal conjugate vaccine and 96.4% receiving at least one dose of the Tdap vaccine. Seasonal influenza, meningococcal, and Tdap vaccination in Rhode Island exceeds US rates among adolescents. Rates of chlamydia and gonorrhea have increased by 25% and 133%, respectively, from 2014 to 2018 among youth aged 15-24. COVID-19 vaccines were made available for all people aged 12 or older in May 2021. As of July 6, 2021, 7% of youth up to age 14 and 45% of youth aged 15-18 were fully vaccinated for COVID-19. Vaccines for COVID-19 are monitored through the Rhode Island Child and Adult Immunization Registry (RICAIR). One of the health issues to monitor post-COVID-19 vaccination is adolescent sexually transmitted infection rates, which already had increasing trends for chlamydia and gonorrhea before the pandemic.

Behavioral/Mental Health

There was a slight decrease in bullying on school property among high school students from 17.3% in 2017 to 16.4% in 2019. Lesbian, gay or bisexual (LGB) high school students continue to be more likely to be bullied on school property (37.2%) than heterosexual high school students (13.0%), as well as more likely to be electronically bullied (LGB high school students: 26.5%; heterosexual high school students: 10.9%). Suicide ideation is an important issue which the MCH Program monitors. Youth Risk Behavior Survey (YRBS) 2019 data reported a slight decrease among high school teens who seriously considered committing suicide from 13.6% in 2017 to 12.1% in 2019, but a statistically significant increase from 9.9% in 2013. Disparities exist as 18.3% of Non-Hispanic Black teens seriously considered committing suicide compared to 12.1% of Non-Hispanic White teens in 2019. In 2019, the prevalence of having attempted suicide was higher among gay, lesbian, and bisexual students (36.5%) than heterosexual students (9.7%). The percentage of binge drinking (11.2%) among high school teens in 2017 dropped slightly in 2019 (10.7%). In 2018-19, 18.7% of adolescents age 12-17 received treatment or counseling by a mental health professional.

Priority 5: Support Behavioral Health

RIDOH strives to ensure that all adolescents and young adults receive timely, high-quality, culturally sensitive behavioral healthcare. RIDOH will continue systems support for coordination and quality improvement of the following areas of work: transitions to adult life, sexual health and family planning, immunizations, violence and injury prevention, and emotional regulation. To respond to these disparities and comprehensively support mental and behavioral health for adolescents, RIDOH will resume, continue and add strategies as follows:

Strategy 5a. Further Progress on the Rhode Island Youth Suicide Prevention Project (RIYSPP)

RIYSPP will continue to work with a broad range of partners to implement a combination of strategies, aligned with the *2012 National Strategy for Suicide Prevention*, that are focused on lowering youth (age 10-24) suicide death and attempt rates. Planned activities for this coming year include:

- Continue to train counselors/school crisis team members from schools across the state in a novel streamlined crisis evaluation assessment tool/protocol and referring them to clinicians (via the Kids' Link line at Bradley Hospital) who can help them triage and connect students in crisis with a local mental health provider and to onboard as many schools as possible. In September 2021, our partners at Rhode Island Student Assistance added 15 new Student Assistance Counselors in addition to the 50 that were already in schools.
- Use funding available from BHDDH to continue to expand Student Assistance which potentially expands the number of schools that we will need to train.
- Respond to the new *Nathan Bruno and Jason Flatt Act*, passed on July 2, 2021, requiring suicide prevention training in all public-school districts for all school staff, teachers, coaches, contracted lunch staff, bus drivers, and volunteers. This will require training for students each year in grades 6-12. Since there is no funding attached to this new law, RIDOH is working with BHDDH and RIDE on the implementation of training. RIDOH has purchased 50 *Signs of Suicide* kits to be available for schools to implement training in the middle and high schools. RIDE will cover the cost of the kits for the rest of the public schools.
- Partner with NEA RI on another Mental Health Summit and other opportunities to train teachers and staff under their umbrella.
- Continue to work with EOHHS, BHDDH, and RIDE on prevention activities related to overdose and the *Over the Counter is not On the Counter* and *Suicide Proofing Your Home* campaigns to reduce intentional overdose attempts and deaths after seeing an increase in attempt data in March 2021.
- Continue to partner with the Rhode Island Office of Veteran Affairs on the SAMSHA/VA Governors Challenge to Prevent Suicide Among Service Members, Veterans and Families initiative (unfunded). Another two-day meeting took place in August 2021 with the federal technical assistance provider on activities across the Rhode Island National Guard,

Veteran's Center, Veterans Administration, and veteran serving community-based organization.

- Promote suicide prevention information to families during Suicide Prevention Awareness Month in September.
- Participate in two Out of the Darkness Suicide Prevention Walks with the Rhode Island Chapter of the American Foundation for Suicide Prevention on September 18 and 25. We have engaged a stakeholder group of all of the schools of higher education in Rhode Island on suicide prevention and are working with RIDOH's Communication Team on bringing back The Us in Campus - a TikTok mental health messaging campaign.
- Attend the Mental Health Summit at the Providence VA Medical Center in September and their suicide prevention walk for awareness.
- The training is ongoing right now for schools through our contract with Kids'Link RI at Bradley and RISAS.
- RIDOH will continue to engage monthly with the Bristol HEZ's suicide prevention subcommittee, Newport County's Zero Suicide grant team, Washington County's Zero Suicide team, and the Zero Suicide committee within Care New England which includes Women & Infants, Butler, Kent, Memorial Clinic, Providence Center, and Anchor Recovery.
- A representative from RIDOH will continue to participate on the national steering committee of the Children's Safety Now Alliance through the Children's Safety Network and their advisory team.
- RIDOH will continue funding Mental Health First Aid training for EMS providers.
- RIDOH representatives continue to participate in planning efforts to change the suicide prevention hotline number from 800-273-8255 to 9-8-8. This effort may include additional funding for children's mobile crisis services.

Strategy 5b. Continue to Support the Youth Advisory Committee

This coming reporting year, the Youth Advisory Committee will offer a hybrid meeting structure where youth can choose to meet in-person (when resumed) or remotely to accommodate any youth who has transportation challenges. The planned agenda for this period will include professional development/ leadership training, social/emotional/resilience workshops, community youth engagement opportunities, and RIDOH program support activities.

Strategy 5c. Continue to Participate in Statewide Initiatives to Plan a System of Care of children's behavioral health

EOHHS has been working with other State agencies –BHDDH, DCYF, OHIC, RIDE, and RIDOH- on preliminary planning about Rhode Island's Children's Behavioral Health System of Care.

A system of care is a wide spectrum of effective, community-based services and supports that is organized into a coordinated network. The network is guided by principles laying out the way services and supports are provided to children and families, including interagency collaboration; individualized strengths-based care; cultural competence; child, youth, and family involvement; community-based services; and accountability. The initiative includes the following workgroups:

- Crisis continuum, development and access, screening and assessment
- Care authorization, care coordination and care monitoring
- Service array
- Ensuring equity: race equity, family members, people with IDD, and LGBTQ+ Families
- Workforce transformation
- Data systems for outcomes measurement and evaluation
- Community outreach and education

Children and Youth with Special Healthcare Needs Services

The Maternal and Child Health Bureau (MCHB) defines children with special healthcare needs (CSHCN) as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” This includes a diverse group of children younger than 18 (about 20% of children in Rhode Island). It includes children with chronic conditions, children with medically complex health issues, and children with behavioral or emotional conditions. These children may have physical, developmental, behavioral, or emotional healthcare needs. These needs may appear in children of any age. CSHCN are often diagnosed with more than one condition. They also frequently experience difficulties in several areas, such as learning, behavior, gross or fine motor skills, chronic pain, and making and keeping friends.

System of Care

There is a variety of developmental resources that are tailored to support CSHCNs. According to 2018-19 NSCH data, 20.7% of Rhode Island children up to age 17 years have at least one special healthcare need, compared to 18.9% in the nation. More than 60% of CSHCNs have multiple diagnoses and chronic conditions. Medical Assistance is a financial resource for children and adults with a disability that is available through the federal Supplemental Security Income Program. The Katie Beckett Program is a Medicaid coverage category that is given to eligible CSHCNs. Additionally, home visiting programs and community agencies in the state play a supportive and active role in the lives of many children with special healthcare needs.

There are various educational resources provided to special needs children. As of June 30, 2020, 2,224 children were provided appropriate Early Intervention (EI) services through nine certified EI provider agencies, as required by the *Individuals with Disabilities Education Act (IDEA) Part C*. Also, as of June 30, 2020, there were 2,904 children between age three and five who received pre-school special education services. Many schools provide an Individualized Education Program (IEP) to special needs children. In terms of demographics of special needs students, the majority of identified students are White, male, and not low-income. This demographic information is presented with the understanding that individuals may not have access to a diagnosis or support due to their economic, racial, or other characteristics.

As of June 2020, there were 21,660 students, age six to 21, receiving special education services through Rhode Island public schools. Thirty-five percent of these students had a learning disability. Disabilities and developmental delays are usually diagnosed in children who have not reached developmental milestones that have generally been reached by children in that age group. Developmental screenings, evaluations, and diagnoses have been helpful in identifying resources that children need to learn and thrive. All school districts coordinate with the Child Outreach program to screen all enrolled children ages three to five.

Recent Accomplishments

RIDOH has played a key role in the planning, development, and implementation of Patient-Centered Medical Homes for children (PCMH-Kids) throughout the state. Primary partners include Rhode Island’s four health insurers, the Rhode Island Chapter of the American Academy of Pediatrics, EOHHS, and the Care Transformation Collaborative. The primary goals of this project are to create pediatric medical homes and improve care coordination, especially for children with special healthcare needs. Currently there are 37 pediatric and family medicine practices participating in the PCMH-Kids initiative, including 260 primary care providers and trainees, covering more than 110,000 lives and representing more than 80% of the State’s pediatric Medicaid population. Rhode Island is also one of a few states that has established a medical home portal that provides comprehensive diagnostic, education, specialty care, social service, and resource information to improve the system of care and health outcomes for CYSHCN. Additionally, RIDOH contracts with RIPIN for the provision of the Family-to-Family Health Information Line, support groups, resource

development, peer resource specialists (community health workers), and advocacy for CYSHCN. RIDOH also oversees an internship program, recently designated by AMCHP as a Promising Practice, that provides workplace experience to CYSHCN and assists them with the transition to adulthood.

Needs Assessment Update

According to 2018-19 NSCH data, 20.7% of Rhode Island children up to age 17 have at least one special healthcare need, compared to 18.9% in the nation. Among children aged 3-17, the prevalence of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder is 10.8%. It is also estimated that among children aged 3-17, the current prevalence of autism, Asperger's disorder, or other ASD in Rhode Island is 2.6%.

Medical Home and Care Coordination

To be considered a medical home, a practice must be accessible, family centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. In 2018-19, 36.2% of CSHCN had a medical home, compared to 54.8% of children without special healthcare needs. This Rhode Island CSHCN measure does not meet the Healthy People 2020 target objective of 54.8%. In 2018-19, only 35.1% of CSHCN received effective care coordination, a decrease from 40.5% in 2017-18. A larger combined sample size is needed to better understand families and CSHCN in receiving effective care coordination. In 2018-19, 67.5% of CSHCN are continuously and adequately insured in Rhode Island.

Impact on Families

Rhode Island continues to study and monitor the financial impact that many families with CSHCN experience. NSCH 2018-19 reports that 10.3% of Rhode Island families with CSHCN have had problems paying for any of the child's medical or health care bills compared to 6.4% of children without special healthcare needs. NSCH data also show that 20.9% of Rhode Island families of CSHCN had a family member stop working or cut down hours of work because of the child's health or health conditions, compared to 3% families of children without special health care needs. The number of caregivers able to handle the demands of raising children up to age 17 with special healthcare needs very well is statistically lower (44.7%) than caregivers raising children up to age 17 without special healthcare needs (68.8%).

Priority 6: Ensure Effective Care Coordination for CSHCN

To ensure effective care coordination for children with special healthcare needs, RIDOH will resume, continue and add strategies as follows:

Strategy 6a: Promote a Web-Based Application to Address Effective Care Coordination in the Medical Home Portal (MHP)

RIDOH will continue to promote the MHP with providers. Future plans for the MHP include adding Rhode Island-specific information on care coordination and resources for the patient-centered medical home. Pediatric and family practice primary care physicians will also be added to the directory. Finally, the MHP is working with a Rhode Island Leadership Education in Neurodevelopmental and Related Disabilities (LEND) project participant to improve the information available to families about Sickle Cell Disease.

Strategy 6b: Promote Patient-Centered Medical Homes for CSHCN

RIDOH will resume contractual initiatives that were delayed due to the COVID-19 pandemic. This includes continued facilitation of the initiative to address the Adolescent Healthcare Transition Initiative by working with a selected number of PCMH-Kids practices implementing a pilot program design. Included in this effort will be collaboration with the National Alliance for Adolescent Health Care to provide technical assistance to the pilot project participating practices.

Strategy 6c: Advance an Adolescent Healthcare Transition Project with PCHM-Kids

In addition, RIDOH's Office of Special Healthcare Needs has a preliminary plan to collaborate with CTC to address care coordination improvement for CYSHCN and their families. In addition, RIDOH will continue systems support for coordination and quality improvement of the following areas of work: fostering family leadership, supporting adolescent CSHCN health transitions to adulthood, supporting families of children with rare genetic conditions, providing opportunities for students with special needs/disabilities with the opportunity to practice job skills in a natural work environment, and supporting the Cedar Program collaboration with PCMH-Kids.

Cross-Cutting Initiatives

Rhode Island's cross-cutting initiatives attempt to address health inequities that are systemic, avoidable, unfair, and unjust differences in health status across population groups. RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare. Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander. RIDOH's priority for cross-cutting systems building is to address social determinants of health in MCH planning and practice to improve health equity.

System of Care

In order to improve MCH systems of care, RIDOH's MCH Program is working with a wide variety of internal and external partners. In the past few years, several collaborative projects have included the Governor's Overdose Prevention and Intervention Task Force, the Task Force for Substance-Exposed Newborns, the Governor's Initiative to improve third grade reading, Plans of Safe Care, and a safe-sleep campaign. Partners include RIDE, DCYF, DHS, BHDDH, EOHHS, Medicaid, and OHIC.

Needs Assessment Update

Social Determinants of Health

The Title V Program has a long-standing interest to address social determinants of health among MCH populations by monitoring and reporting these conditions from various population-based data. In PRAMS 2016-19 data, during the 12 months after their new baby was born, only 2.2% of women always or often felt unsafe in their neighborhood. Also, 6% of these respondents reported thinking back to their childhood and very often finding it hard for their family to pay for basic needs like food or housing. According to 2019 YRBS data, 75.4% of high school students reported they will probably or definitely complete a post high school program. Compared to 89.2% of White high school students who most of the time or always feel safe and secure in their neighborhood, only 62.7% of Black high school students felt safe and secure in their neighborhood. Furthermore, 20.2% of Black high school students who have ever slept away from their parents or guardians did so because they were kicked out, ran away, or were abandoned, compared to 3.1% of White high school students. The National Survey of Children's Health also collects data on social determinants of health. In 2018-19, 59.3% of households among Hispanic families could always afford to eat good and nutritious meals, compared to 76.2% of households among White Non-Hispanic families. Furthermore, 50% of Hispanic parents definitely agree that their child lives in a safe neighborhood compared to the same response from 74% of White Non-Hispanic parents.

Health Equity Indicators

Rhode Island has adopted 15 Health Equity Indicators as statewide measures to overarchingly assess health equity in the state. These indicators span five domains (integrated healthcare, community, physical environment, socioeconomic, and community trauma), which are further broken down in measuring key determinants of health that can be reported by municipality and race/ethnicity and monitored annually using various State agency, census, and survey data. The MCH Program is interested in incorporating these measures to address social determinants of health that are related to the MCH populations. Particularly relevant to MCH populations are the following indicators:

- BRFSS 2018 data show that 78.3% of Hispanics report visiting their doctor in the past year compared to 86% of Non-Hispanic Whites.
- The community resilience indicator measures Health in All Policy by calculating the percentage of low and moderate-income housing. This indicator shows that in 2016,

Woonsocket (15.9%), Providence (14.9%), and Central Falls (11.2%) had a higher percentage of low and moderate-income housing than the statewide estimate (8.2%).

- Housing burden, a socioeconomic indicator, is calculated by identifying the percentage of cost-burdened renters and owners for Rhode Island cities and towns. This composite metric from 2019 HousingWorks Rhode Island Factbook's data showed that the communities with the highest total burden are Central Falls (55%), Providence (45%), and Pawtucket (42%).
- The graduation rate, a socioeconomic measure, reports that the rate among high school students who completed four years (2015/16 freshman class) was 83.9% in 2019, which is a slight increase from 2016 (2012/13 freshmen class) with 82.8%.

Drug Overdoses

The goal is to reduce opioid overdose deaths by one-third within three years by addressing four key strategies: treatment, overdose rescue, prevention, and recovery. After seeing a decrease of 8.3% from 2016 to 2019, accidental drug overdose deaths increased by 35% from 308 in 2019 to 384 in 2020. At the start of stay-at-home orders on March 28, 2020, due to the COVID-19 pandemic, there was a slight acceleration in drug overdose deaths into the summer, followed by a drop at the end of the year. In 2019, the Taskforce updated its Strategic Action Plan. The new plan keeps the strategic pillars--prevention, rescue, treatment, and recovery, and puts a new focus on using data to inform response, engaging diverse communities, changing negative public attitudes on addiction and recovery, incorporating harm-reduction principles, and confronting the social determinants of health. RIDOH has emphasized the importance of a community-driven response to the opioid epidemic. In 2019, 34 of Rhode Island's 39 municipalities developed their own local overdose response plan, aligned with the statewide plan, and 20 of those communities have begun implementation and evaluation of evidence-based or innovative initiatives. For more updated data on the opioid epidemic and local resources see PreventOverdoseRI.org.

Priority 7: Adopt Social Determinants of Health in MCH Planning and Practice to Improve Health Equity

Strategy 7a. Promote the Development of a Community Health Worker Workforce

RIDOH will continue to partner with training entities for CHW education and preparation.

Strategy 7b. Support a Comprehensive System of Engagement and Leadership Development for Vulnerable Populations through the Youth Advisory Council

RIDOH aims to promote health equity through the input of youth advisory councils. The RIDOH Youth Advisory Council is composed of youth and young adults who have demonstrated leadership through their involvement with *Dare to Dream* or other statewide youth initiatives and have an interest in helping their peers who want to improve their school and communities. The Council provides feedback and collaborates with the Office of Special Needs on a variety of activities, programs, policies, and resources that affect the health, wellness, and transitional needs of youth in the State.

The plan for the 2021/2022 reporting period includes offering a hybrid meeting structure where youth can choose to meet in-person (when resumed) or remotely for any youth who have transportation challenges. The planned agenda for this period will include professional development/leadership training, social/emotional/resilience workshops, community youth engagement opportunities, and RIDOH program support activities.

Strategy 7c. Advance a Comprehensive System of Engagement and Leadership Development for Vulnerable Populations through the HEZs

HEZs will continue the important work they have started in addressing the social, economic, and environmental determinants of health from a community level. This will include four new HEZs recently incorporated, which brings the total to 15 HEZs statewide. These include South Providence

(02905), Warwick, Blackstone Valley, Warren, and Tri-County HEZs. Specific MCH initiatives in the HEZs include:

- East Providence HEZ plans to implement the evidence-based Parents as Teachers model. They also plan to partner with the Rhode Island Philharmonic and Music School to implement music programming that supports early language acquisition for young children. East Providence HEZ will also offer a session on safe sleep and implement the evidence-based Incredible Years parenting education program. This and other PDG B-5 related work will continue through June 2022 with additional funding, enabling the programming to positively impact the lives of children and families across the HEZ community.
- The Pawtucket-Central Falls (PCF) HEZ's substance use education programs plan to continue their efforts. PCF HEZ continues to leverage the expertise of State and community stakeholders and remain flexible in their approach as they empower youth in guiding the work. In addition, given that the PCF HEZ identified youth engagement as a priority focus, many priorities will be addressed through the lens of youth's perspective, voice, and choice. Currently, PCF HEZ is in the beginning stage of the implementation of their three-year strategic plan; a response to recent assessment that includes diverse representation of HEZ youth, residents and members. PCF HEZ will continue to utilize the expertise of the youth as they identify and address disparities. To that end, intentional opportunities for youth leadership and advancement has been prioritized.
- With the current round of PDG B-5 funds, the West Elmwood 02907 HEZ will be able to expand their efforts and connect an even greater number of families to vital supports that exist in their community.
- West Warwick will continue peer-to-peer grandparent support to connect and establish relationships with community entities that serve this population, including DCYF, senior centers, schools, community health centers, Grands Flourish etc. Due to COVID-19, a few efforts have been put on hold. West Warwick HEZ will resume efforts related to food insecurity and nutrition in summer 2021. In partnership with the local library, the free summer meal program will provide children up to age 18 with consistent meals during the summer. Additionally, they are positioned to continue implementing their pop-up farmers market for WIC and SNAP voucher recipients.
- Woonsocket HEZ continues to engage community partners in building youth leadership, working toward the development of a Youth Ambassador group. In the 2021 State fiscal year, the Woonsocket HEZ is using their PDG B-5 award to administer *Conscious Discipline* in Head Start classrooms and coaching local teachers and administrators. In the 2022 State fiscal year, the Woonsocket HEZ will be able to expand on this work after receiving additional PDG B-5 funding. This expansion will include programming and training taking place at both The Autism Project and Woonsocket Head Start.

Strategy 7d. Convene the MCH/HEZ Learning Classroom

The HEZ MCH Learning Classroom is an interactive educational space created to educate HEZs on MCH issues across all six domains. The MCH Program has put together a list of speakers from both the community and RIDOH to attend our bi-monthly meetings and educate the group on the initiatives they implement. Each HEZ must send a representative to consistently attend the learning classroom meetings. The learning classroom will officially begin in October 2021.

Conclusion

As the lead MCH authority in the state, RIDOH's MCH Program is responsible for ensuring that MCH initiatives, within RIDOH and throughout the State, are a coordinated, family-centered system of care for mothers, children, and families. RIDOH's MCH Program embraces the RIDOH strategic priorities of equity and addressing SDH in each domain and strategy.

This report was intended to provide an annual update on MCH in Rhode Island, highlight the most recent needs assessment, and provide an update on the strategies to address the following MCH priorities for 2020-2025:

- Improve prenatal health by reducing perinatal health disparities;
- Reduce maternal mortality/morbidity;
- Strengthen caregiver's behavioral health and relationship with child;
- Support school readiness;
- Support adolescent mental and behavioral health;
- Ensure effective care coordination for CSHCN; and
- Adopt social determinants of health in MCH planning and practice to improve health equity.